07/20/2011 18:29

(Rev. 12/2004)

Image# 11932034281

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC 228 S WASHINGTON STREET SUITE 115 ADDRESS (number and street) Check if different than previously **ALEXANDRIA** ۷A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00434233 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Francis P. Kirley Type or Print Name of Treasurer Electronically Filed by Francis P. Kirley 07 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

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FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1 2011		63570.45
	(b) Cash on Hand at Begining of Reporting Period	63570.45	
	(c) Total Receipts (from Line 19)	32246.64	32246.64
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95817.09	95817.09
	Total Disbursements (from Line 31)	30050.00	30050.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65767.09	65767.09
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

м м 0 1 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18652.24 18652.24 (i) Itemized (use Schedule A) 13594.40 13594.40 (ii) Unitemized (iii) TOTAL (add 32246.64 32246.64 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 32246.64 32246.64 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 32246.64 32246.64

FE6AN026

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

32246.64

32246.64

DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	202	0.00	
(i) Federal Share	0.00	0.00	
(°) New Fadard Obser	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
Transfers to Affiliated/Other Party			
Contributions to	0.00	0.00	
Contributions to Federal Candidates/Committees	30050.00	30050.00	
and Other Political Committees 4. Independent Expenditure	30030.00	30030.00	
(use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party			
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
O. Lava Baranarda Mad	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Bullitad Barta Conscillator	0.00	0.00	
(b) Political Party Committees (c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Bishers and	0.00	0.00	
9. Other Disbursements	0.00	0.00	
0. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely			
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30050.00	30050.00	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	30050.00	30050.00	
from Line 31)	30030.00	30030.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	32246.64	32246.64
84.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32246.64	32246.64
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
NEXION HEALTH FUND FOR QUALIT	TY LONG TE	ERM CARE INC	
Full Name (Last, First, Middle Initial) Hollie Adams			Date of Receipt
Mailing Address 2759 CR 1490			06 30 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.5266
Center	TX	75935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		428.82
Name of Employer Nexion Health	Occupation Administr		payroll deduction \$ 31.39 bi-weekly
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 428.82	
Full Name (Last, First, Middle Initial) Brad Barnes			Date of Receipt
Mailing Address 2615 Falcon Knoll			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5427
Katy	TX	77494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Nexion Health	Occupation Administr		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Brad Barnes	<u> </u>		Date of Receipt
Mailing Address 2615 Falcon Knoll			06 30 2011
City	State	Zip Code	Transaction ID: SA11AI.5267
Katy	TX	77494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			888.14
Name of Employer Nexion Health	Occupation Administr		payroll deduction \$ 56.78 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1888.14	
SUBTOTAL of Receipts This Page (optional)		_	2316.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/23 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUA	ALITY LONG TE	ERM CARE INC	
Full Name (Last, First, Middle Initial) Marilyn Berg			Date of Receipt
Mailing Address 314 Stephenson St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Shreveport	State LA	Zip Code 71104	Transaction ID: SA11AI.5318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71104	412.00
Name of Employer Nexion Health	Occupation Business	n Office Manager	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 412.00	
Full Name (Last, First, Middle Initial) Bretton J. Bolt			Date of Receipt
Mailing Address 1704 Lake Forest Road			0 6 3 0 Y Y Y Y Y
City Finksburg	State MD	Zip Code 21048	Transaction ID: SA11AI.5268 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21040	472.00
Name of Employer Nexion Health	Occupation EVP & C		payroll deduction \$ 59 bi- weekly
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 472.00	
Full Name (Last, First, Middle Initial) Sherri Clark			Date of Receipt
Mailing Address P.O. Box 933			0 6 3 0 2 0 1 1
City Quitman	State TX	Zip Code 75783	Transaction ID: SA11AI.5269
FEC ID number of contributing federal political committee.	C	75763	Amount of Each Receipt this Period 705.46
Name of Employer Nexion Health Occupation RDO		n	payroll deduction \$ 51.93 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 705.46	
SUBTOTAL of Receipts This Page (optional	J		1589.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 23 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAI	LITY LONG TE	ERM CARE INC	
Full Name (Last, First, Middle Initial)			Date of Descipt
Edward L. Graham Mailing Address 182 Westridge			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.5372
Huntsville	TX	77340-8929	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nexion Health	Occupation	n rator-Humble Healthcare Ce	enter
Receipt For:	- ' '	Year-to-Date ▼	
Primary General Other (specify) ▼	33 13 111	500.00]
Full Name (Last, First, Middle Initial) Dennis Haws			Date of Receipt
Mailing Address 4509 Lake View Driv	⁄e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5331
Wichita Falls	TX	76308-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nexion Health	Occupation Administr		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Tammy Hendrickson			Date of Receipt
Mailing Address 11959 Highway 120			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5315
<u>Marthaville</u>	LA	71450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nexion Health	Occupation Administr		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALIT	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tammy Hendrickson Mailing Address 11959 Highway 120 City Marthaville FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code LA 71450 C Occupation Administrator Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) Janice R. Hill Mailing Address 205 Rocky Mound Driv City Lafayette FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code LA 70506 C Occupation RFS South Louisiana Aggregate Year-to-Date 264.44	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Margaret Hodgson Mailing Address 509 E. Fannin City DeKalb FEC ID number of contributing federal political committee. Name of Employer Nexion Omaha Receipt For: Primary General Other (specify)	State Zip Code TX 75559 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
SUBTOTAL of Receipts This Page (optional)		1264.44

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAL	Statements may not be sold or used by any personal part of the sold or used by any personal political committee to sold or used by any personal part of the sold o	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denise Honnoll Mailing Address 14971 SH 154E City Diana FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code TX 75640 C Occupation Regional Clinical Specialist Aggregate Year-to-Date 461.94	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kimberly Huang Mailing Address 5429 Landale Valley City McKinney FEC ID number of contributing federal political committee. Name of Employer McKinney Healthcare & Rehab. Receipt For: Primary General Other (specify)	Drive State Zip Code TX 75071 C Occupation Director of Social Services Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M / D D / Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) Kimberly Huang Mailing Address 5429 Landale Valley City McKinney FEC ID number of contributing federal political committee. Name of Employer McKinney Healthcare & Rehab. Receipt For: Primary General Other (specify)	Drive State Zip Code TX 75071 C Occupation Director of Social Services Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M O 6 2011 Transaction ID: SA11AI.5419 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)	·	961.94

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUA	nd Statements may not be sold or used by any perso the name and address of any political committee to ALITY LONG TERM CARE INC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Hubbard, Sr. Mailing Address 307 Avondale Cour City Bossier City FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code LA 71112 C Occupation Administrator-Meadowview Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5316 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Daniel Hubbard, Sr. Mailing Address 307 Avondale Cour City Bossier City FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y O 4 0 6 2 0 1 1 Transaction ID: SA11AI.5420 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Marguerite P. Jenkins Mailing Address 118 2nd Avenue City Reistertown FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code MD 21136 C Occupation Controller Aggregate Year-to-Date 429.84	Date of Receipt M M M / D D / Y Y Y Y Y O 6 3 0 2 0 1 1 Transaction ID: SA11Al.5272 Amount of Each Receipt this Period 429.84 payroll deduction \$ 29.57 bi-weekly
SUBTOTAL of Receipts This Page (optional	ıl) >	1179.84

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAI	Statements may not be sold or used by any personal statements and address of any political committee to LITY LONG TERM CARE INC	
Full Name (Last, First, Middle Initial) Melissa Louviere Mailing Address 2200 Belle Ruelle City New Iberia FEC ID number of contributing federal political committee. Name of Employer New Iberia Manor South Receipt For: Primary General Other (specify)	State Zip Code LA 70583-3075 C Occupation Health care administrator Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.5408 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Paula F. Lowrie Mailing Address 1017 Misty Way City Garland FEC ID number of contributing federal political committee. Name of Employer Nexion Healfh Receipt For: Primary General Other (specify)	State Zip Code TX 75040 C Occupation RFS East Texas Aggregate Year-to-Date 215.16	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tod P. Mahoney Mailing Address 1019 Brook Arbor Dr City Mansfield FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code TX 76063 C Occupation Administrator Aggregate Year-to-Date 877.35	Date of Receipt M M M / 26
SUBTOTAL of Receipts This Page (optional)		2092.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAR	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas Mailing Address 18716 Falls Road			Date of Receipt
City <u>Hampstead</u>	State MD	Zip Code 21074	Transaction ID: SA11AI.5274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		566.26 payroll deduction \$ 22.93
Name of Employer Nexion Health, Inc. Receipt For: Primary General Other (specify) ▼		Purchasing & Finance Year-to-Date 566.26	bi-weekly
Full Name (Last, First, Middle Initial) Susie Nair Mailing Address 1413 W. Main	Date of Receipt 0 2 2 2 2 0 1 1		
City	Transaction ID: SA11AI.5356		
Waxahachee	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			500.00
Name of Employer Nexion Health	Occupation Administr	rator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Cindi M. Phillips			Date of Receipt
Mailing Address 1253 CR 480			06 30 2011
City	State	Zip Code	Transaction ID: SA11AI.5275
Mt. Pleasant FEC ID number of contributing	C	75455	Amount of Each Receipt this Period 292.02
Name of Employer Nexion Health Occupation Regional Clinical Specialist		payroll deduction \$ 21.21 bi-weekly	
Receipt For: Primary General Other (specify) ▼	_ , '	e Year-to-Date ▼ 292.02	
SUBTOTAL of Receipts This Page (optional)	1		1358.28

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (I	n Full)		on for the purpose of soliciting contributions o solicit contributions from such committee.
NEXION HEALTH FUN	ID FOR QUALITY LONG	TERM CARE INC	
Emmett A. Riner, III Mailing Address P.O. B			Date of Receipt 0 6 0 6 2 0 1 1
City Naples	State TX	Zip Code 75568	Transaction ID: SA11AI.5444 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		500.00
Name of Employer Nexion Health	Occupat Admini	ion strator-New Boston H'Ithcare	Ctr
Receipt For: Primary Ge Other (specify) ▼	Aggrega neral	tte Year-to-Date ▼ 500.00	
Full Name (Last, First, Mide Martha Riner, III	, 		Date of Receipt
Mailing Address P.O. B	ox 391		04 06 2011
City	State	Zip Code	Transaction ID: SA11AI.5418
Naples FEC ID number of contribu federal political committee.	ting C	75568	Amount of Each Receipt this Period 190.06
Name of Employer Nexion Health	Occupat Adminis	ion strator-New Boston H'Ithcare	Ctr
Receipt For: Primary Ge Other (specify) ▼	Aggrega	tte Year-to-Date ▼ 360.46	
Full Name (Last, First, Mide Meera Riner	dle Initial)		Date of Receipt
Mailing Address 513 Hil	Iside Drive	0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>Auburndale</u>	State FL	Zip Code 33823	Transaction ID: SA11AI.5277 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		1732.28
Name of Employer Nexion Health		esident for Operations	payroll deduction \$ 117.69 bi-weekly
Receipt For: Primary Ge Other (specify) ▼	Aggrega	tte Year-to-Date ▼ 1732.28	
SUBTOTAL of Receipts This	Page (optional)		2422.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X
Any information copied from such Reports and Stror for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALIT	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sheryl Smith Mailing Address 9777 FM 226 City Nacogdoches FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General		Zip Code 75961 n t Administrator e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5279 Amount of Each Receipt this Period 349.11 payroll deduction \$ 39.47 bi-weekly
Other (specify) ▼ Full Name (Last, First, Middle Initial) Don L. Sowell, Jr. Mailing Address 5902 Ancient Oaks City Humble FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼		Zip Code 77346 n exas RDO e Year-to-Date ▼ 704.63	Date of Receipt M M M D D D 2 0 1 1 Transaction ID: SA11AI.5280 Amount of Each Receipt this Period 704.63 payroll deduction \$ 81.63 bi-weekly
Full Name (Last, First, Middle Initial) Dionne Stoneham Mailing Address 12777 Beaumont Street City Houston FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State TX C Occupatio Administ		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			1553.74

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any persondress of any political committee to yellow to be sold or used by any person in the sold or used by any political committee to the sold or used by any person in the sold of the sold or used by any person in t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAI	LITY LONG T	ERM CARE INC	
۸.	Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga	Troil		Date of Receipt
	City	State	Zip Code	0 1 1 0 2 0 1 1 Transaction ID: SA11Al.5325
	Shreveport FEC ID number of contributing federal political committee.	C	71107	Amount of Each Receipt this Period 500.00
	Name of Employer Nexion Vivian	Occupatio Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga	Troil		Date of Receipt
	Mailing Address 6354 Chickamauga	ıralı		03 02 2011
	City	State	Zip Code	Transaction ID: SA11AI.5357
	Shreveport FEC ID number of contributing federal political committee.	C	71107	Amount of Each Receipt this Period 474.00
	Name of Employer Nexion Vivian	Occupatio Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 974.00	
	Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga	Trail		Date of Receipt
				06 30 2011
	City Shreveport	State LA	Zip Code 71107	Transaction ID: SA11AI.5281 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	71107	426.21
	Name of Employer Nexion Vivian	Occupatio Administ		payroll deduction \$ 26.92 bi-weekly
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.21	
S	UBTOTAL of Receipts This Page (optional)			1400.21

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 23 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUA	LITY LONG TI	ERM CARE INC	
Full Name (Last, First, Middle Initial) Penny Walker			Date of Receipt
Mailing Address 107 East Ross			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5282
<u>Waxahachie</u>	TX	75165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		424.52
Name of Employer Nexion Health	Occupatio Dietician		payroll deduction \$ 31.21 bi-weekly
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	riggregate	424.52	
Full Name (Last, First, Middle Initial) Michelle Walters	1		Date of Receipt
Mailing Address 121 Logan Street			0 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5317
Bossier City	LA	70112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00
Name of Employer Nexion Health	Occupatio Administ	n rator-Claiborne	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Michelle Walters			Date of Receipt
Mailing Address 121 Logan Street			0 1 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.5330
Bossier City	LA	70112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Nexion Health	Occupatio Administ	n rator-Claiborne	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		475.00	
SUBTOTAL of Receipts This Page (optional))		899.52

TOTAL This Period (last page this line number only)

A.

FOR LINE NUMBER: PAGE 18/23 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) Michelle Walters Date of Receipt Mailing Address 121 Logan Street 0.1 31 2011 City State Zip Code Transaction ID: SA11AI.5333 **Bossier City** 70112 Amount of Each Receipt this Period FEC ID number of contributing C 113.00 federal political committee. Name of Employer Nexion Health Occupation Administrator-Claiborne Receipt For: Aggregate Year-to-Date Primary General 588.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	113.00
TOTAL This Period (last page this line number only)	•	18652.24

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City CATC	ONSVILLI			State MD	Zip Code 21228				Amo	unt of I	Each [Disburs	emen	t this F	Perio
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	date Name JAMIN L (CARDIN					atego Type	-							
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SCHEDULE B (FEC Form 3X)

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_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	<u> </u>
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY L	e and address of any politica	al comr						
<u></u>	Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CON	GRESS, INC				action ID:		5306	
	Mailing Address PO Box 80126				0 ^M 5	M / D 1	^D / Y	Ž01	1 Y
	City Lafayette	State Zip Code LA 70598			Amou	nt of Each	Disburse		
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	Mailing Address 25 East Main Street, Sui	e 200			0 4	M / D 1	1 /	201	1
	City Richmond	State Zip Code VA 23219			Amou	nt of Each	Disburse		
	Purpose of Disbursement contribution				L.			2500.00)
	Candidate Name			tegory/ ype					
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ITE		Form 3X)	Use sepa	arate schedule(s)		OR LINE				AGE 2		
_	EMIZED DISBUR	SEMENTS	for each	category of the Summary Page	(CI	heck onli 21b 27	y one) 22 28a	X 23 28b	24 28c	25] 2 3
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į	Mailing Address PO E	3OX 8060					06	[/] 2	1 /	žo	11	
	City TYLER		State TX	Zip Code 75711			Amour	t of Each	Disburse			oc
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	Candidate Name LOUIE GOHMERT	Diah.	rsement For:	2012	Categ Typ							
		ate sident	X Primary Other (spe	2012 General								
	State: TX District Full Name (Last, First, Mid MCCONNELL SENATE	dle Initial)	8					ction ID:		.5290		_
Ī	Mailing Address PO E	3OX 1496					0 3	/ DO	7 /	ž 0	11	
	City LOUISVILLE		State KY	Zip Code 40201			Amour	t of Each	Disburse	ement th	is Per	OC
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NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO BOX 2334 City State Zip Code DENTON TX 76202 Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution Candidate Name MICHAEL C. BURGESS, Dr. Office Sought: X House President State: TX District: 26 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City State Zip Code Senate President Other (specify) ▼ Transaction ID: SB23.5304 Date of Disbursement this P Category' Type Transaction ID: SB23.5304 Date of Disbursement this P Category' Type Transaction ID: SB23.5304 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.5304 Date of Disbursement this P Category' Type Transaction ID: SB23.5304 Date of Disbursement this P Category' Type Office Sought: X House President State: GA District: 06 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO Box 367 319 NANCY ROAD City Cultman LA 71268 Purpose of Disbursement Contribution Candidate Name Mr. RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City Cultman LA 71268 Purpose of Disbursement Category' Type Office Sought: X House President Disbursement For: 2012 X Primary General Disbursement Category' Type Office Sought: X House President Disbursement For: 2012 X Primary General Disbursement Disb	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO BOX 2334 City State Zip Code DENTON TX 76202 Purpose of Disbursement contribution Candidate Name President State: TX District: 26 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City State Zip Code Other (specify) ▼ Transaction ID: SB23.5299 Date of Disbursement this P Transaction ID: SB23.5299 Date of Disbursement this P Transaction ID: SB23.5299 Date of Disbursement this P Transaction ID: SB23.5304 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.5304 Date of Disbursement Transaction ID: SB23.5304 Date of Disbursement this P Transaction ID: SB23.5305 Date of Disbursement Transaction ID: SB23.5306 Date of Disbursement Transaction ID: SB23.5306 Date of Disbursement Transactio				
Michael Burgess For Congress Mailing Address PO BOX 2334 City DENTON TX 76202 Purpose of Disbursement contribution Candidate Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City State Zip Code TX 76202 President State: TX District: 26 Full Name (Last, First, Middle Initial) Propose of Disbursement contribution Candidate Name THOMAS EDMUNDS PRICE Office Sought: X House Sanate President State: GA District: 06 Full Name (Last, First, Middle Initial) Propose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE Office Sought: X House Sonate President State: GA District: 06 Full Name (Last, First, Middle Initial) President State: GA District: 06 Full Name (Last, First, Middle Initial) President State: GA District: 06 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: X House Sonate President State: GA District: 06 Full Name (Last, First, Middle Initial) City State: GA District: 06 Full Name (Last, First, Middle Initial) City State: GA District: 06 Full Name (Last, First, Middle Initial) City Sonate President Sonate President Sonate City Sonate President Sonate City Sonate	NAME OF COMMITTEE (In Full)			
City				
DENTON TX 76202 Purpose of Disbursement contribution Candidate Name MICHAEL C. BURGESS, Dr. Office Sought: X House President State: TX District: 26 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City State Senate President State: TX Disbursement For: 2012 GARDINARY General Other (specify) ▼ City State Zip Code GA 30077 Cardidate Name THOMAS EDMUNDS PRICE Office Sought: X House President State: GA District: 06 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City Quitman LA 71268 Office Sought: X House Cartegory Type Office Sought: X House Cartegory General Other (specify) ▼	Mailing Address PO BOX 2334			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
Contribution Candidate Name MICHAEL C. BURGESS, Dr. Office Sought:				Amount of Each Disbursement this Period
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Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City ROSWELL GA 30077 Purpose of Disbursement contribution Candidate Name THOMAS EDMUNDS PRICE Office Sought: X House President State: GA District: 06 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City Quitman LA 71268 Purpose of Disbursement contribution Candidate Name Thomas Edward Category/ Type Office Sought: X House President LA 71268 Purpose of Disbursement Category/ Type Office Sought: X House Category/ Type Office Sou	MICHAEL C. BURGESS, Dr.			
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. BOX 425 City ROSWELL GA 30077 Purpose of Disbursement contribution Candidate Name THOMAS EDMUNDS PRICE Office Sought: X House Senate President State: GA District: 06 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City Quitman LA 7268 Purpose of Disbursement Category/ Type Other (specify) ▼ Amount of Each Disbursement this P Category/ Type Transaction ID: SB23.5305 Date of Disbursement Office Sought: X House Senate President Office Sought: X House Senate President Other (specify) ▼ Amount of Each Disbursement this P Transaction ID: SB23.5305 Date of Disbursement Office Sought: X House Senate Purpose of Disbursement Office Sought: X House Senate President Other (specify) ▼	Senate X President	Primary General		
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THOMAS EDMUNDS PRICE Office Sought:	contribution			1000.00
Senate President Other (specify) ▼ State: GA District: 06 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City State Zip Code Quitman LA 71268 Purpose of Disbursement Contribution Candidate Name Mr. RODNEY ALEXANDER Office Sought: X House Senate President President X Primary General Other (specify) ▼				
RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address PO Box 367 319 NANCY ROAD City Quitman LA 71268 Purpose of Disbursement contribution Candidate Name Mr. RODNEY ALEXANDER Office Sought: X House Senate President Date of Disbursement Date of Disbursement Amount of Each Disbursement this P Category/ Type Category/ Type Other (specify)	Senate X President	Primary General		
Mailing Address PO Box 367 319 NANCY ROAD City State Zip Code Quitman LA 71268 Purpose of Disbursement contribution Candidate Name Mr. RODNEY ALEXANDER Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) ▼		INC.		Date of Disbursement
Quitman LA 71268 Purpose of Disbursement contribution 2500.00 Candidate Name Mr. RODNEY ALEXANDER Category/Type Office Sought: X House Senate President V Y Primary General Other (specify) Other (specify) ▼				05 02 7 2011
contribution Candidate Name Mr. RODNEY ALEXANDER Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) ▼	Quitman			Amount of Each Disbursement this Perio
Mr. RODNEY ALEXANDER Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) ▼	contribution		Catagory	2500.00
Senate X Primary General President Other (specify) ▼	Mr. RODNEY ALEXANDER			
State: LA District: 05	Senate X President	Primary General		
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В.

President

District: 06

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SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 23 / 23
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (cneck)	only one) 22
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam-		
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY L	ONG TERM CARE INC	
Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS Mailing Address PO BOX 23219		Transaction ID: SB23.5308 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City JEFFERSON Purpose of Disbursement	State Zip Code LA 70183	Amount of Each Disbursement this Period 250.00
contribution Candidate Name STEVE SCALISE	Category/ Type	
	ement For: 2012 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) THE CONGRESSMAN JOE BARTON CO	MMITTEE	Transaction ID: SB23.5289 Date of Disbursement 0 3 M / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 1444	State Zip Code	Amount of Each Disbursement this Period
EŃNIS	State Zip Code TX 75120	300.00
Purpose of Disbursement contribution		300.00
Candidate Name JOE LINUS BARTON	Category/ Type	
X	ement For: 2012 Primary General	

SUBTOTAL of Disbursements This Page (optional)	•	550.00
TOTAL This Period (last page this line number only)	•	30050.00

Other (specify)

State: TX